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[Extract from the New York Medical and Surgical Reporter, under the Editorial care of William R. Wagstaff, M. D.]

DR. GREEN'S TREATISE ON THE AIR PASSAGES.

A *Treatise on Diseases of the Air Passages: comprising an Inquiry into the History, Causes, and Treatment of those Affections of the Throat, called Bronchitis, Chronic Laryngitis, Clergyman's Sore-throat, etc., etc.*, by HORACE GREEN, M. D., formerly President and Professor of the Theory and Practice of Medicine in the Castleton Medical College; Vice President of the New York Medical and Surgical Society, and Honorary Member of the Philadelphia Medical Society, etc., etc. New York and London: Wiley & Putnam, 161 Broadway. 1846.

THIS work, which possesses the merit of having directed the attention of the medical practitioner to the true principles and treatment of those follicular diseases of the throat and larynx which have been for a long time very prevalent, and the management of which had been previously, and very generally, unsuccessful, has been received by the public press with an enthusiasm of eulogium almost unexampled, but has not escaped a most virulent and ungenerous system of assault from a certain portion of the profession.

The eulogistic contributions to the daily press, referred to, have been principally from the pens of distinguished literary men, who have been restored to health by the skill of the author. Their gratitude is very natural. One of them had been for five years under eminent physicians, suffering many plans of treatment; severe and protracted vomitings; the use of mercury; local bleeding; blisters; eruptions, produced by applications of tartar emetic and croton oil to the skin, &c., &c., without benefit. That they should be very deeply gratified with the rapid and permanent relief derived from a judicious use of local applications to the diseased parts, and that they should express their gratitude warmly, are not occurrences which, justly considered, ought to reflect on them or the fortunate subject of their commendation, any sort of disgrace.

One of the newspaper panegyrists of our author is a gentleman of deservedly high character and standing, both in medicine and general science, and it has so happened that, although a stranger to the author, he has given the greatest offence of all, to some of the *irritable genus*, of which he is himself a member. The comparison to Jenner is a sin absolutely unpardonable, in the opinion of some of his judges, while his regarding Dr. Green's treatment a "discovery," is gall in their mouths.

Now, however just or unjust these commendations of Dr. Green's book may be, one thing is sure, that there are certain men in the profession of medicine in the city of New York, who are thrown



into severe paroxysms of displeasure at any one being praised beside themselves ! And the experience of our author will serve to establish the truth of the wise man's proverb, "He that blesseth his friend with a loud voice, rising early in the morning, it shall be counted a curse unto him."

That it would be a great violation of medical decorum for Dr. Green to have connived at, or promoted the notices referred to, cannot be denied ; but it would, on the other hand, be monstrous injustice to charge a gentleman of known delicacy and propriety of manners, on no evidence too, with so disgusting a course of conduct.

The names of the popular writers, wherever they are known, present a sufficient and perfect defence against suspicions so contemptible, and charges so unfounded. We have reason sufficient to assert, that these productions were all of them spontaneous, and appeared as much to his surprise as to that of any one else. They were also regarded by him very much in the same light as they were viewed by other medical men, not blinded by prejudice or party.

So much we have thought right in defence of our author from the suspicion of having connived at, or been cognizant of, those productions.

Let us proceed to examine the work itself. And first, we will remind the professional reader, that what is now, through the labors and investigations of our fellow-citizen alone, a well established fact, was not only unknown previous to his researches, but that there existed on the professional mind a perfect incubus of prejudice and error in respect to it. The point alluded to is, that it was not previously believed that medicinal applications could be made at all to the *interior of the larynx*.

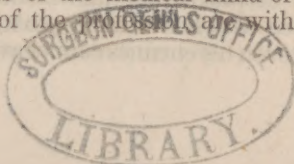
M. M. Trousseau and Belloc had claimed the honor of having made the first attempt to cauterize the larynx ; but they make no claim to having introduced their application with a sponge into the interior cavity of that organ, and Dr. Green awards them, in their own words, all the credit of their claim. He has made no attempt whatever to rob them of their proper merit. He expressly says, that these gentlemen were "the first to prescribe and employ topical medications in chronic diseases of the larynx." Yet Dr. Green is the first man who ever boldly inserted into the larynx a sponge wet with a solution of lunar caustic. These are their expressions, "When we wish to cauterize the pharynx, the base of the tongue, and the top of the larynx," &c. "When we wish to operate upon the upper part of the larynx and the epiglottis," &c. So that the work of these writers does not convey the idea to a careful reader that they ever adopted the efficient manner of treating the diseases of the larynx, which has been so successfully practised in this city, much less that they ever attempted to give

the treatment which they did practice, any considerable prominence.

It is universally known to the public as well as to the profession, that gentlemen who are now earnestly endeavoring to establish the impression that the cauterization of the interior of the larynx as practised and inculcated by Dr. Green, is but the revival "of an almost forgotten * * and very valuable mode of treatment," (p. 156 of the *Annalist*,) are the very men who, up to the time of the publication of the book, have constantly and pertinaciously denied that any application of caustic or other medication whatever, could by any possibility, be made to the larynx at all. They scouted the idea. Said one, "Have I been a teacher of anatomy for twenty years, and do not know where the larynx is?" Said another, "The introduction of a foreign body into the cavity beneath the epiglottis is physiologically and anatomically impossible." Said another, "The sensation produced by a drop which passes the wrong way is sufficient proof of the falsehood of asserting, that a solution of nitrate of silver can be applied by a sponge below the epiglottis." Another asserted, that "one drop of it, introduced into the larynx, would of course produce instant death." Not one of the men who are now determined to establish by clamor, that the claim made by Dr. Green to a particular mode of applying the caustic, at once safe and certain, in the hands of a well informed operator, is not a discovery, but a revival of an old and neglected practice, that has not irretrievably committed himself to the former position, viz: That it never was done at all—that it was contrary to anatomy—contrary to the knowledge and experience which we already possessed of the functions of the organ—in short, that it was a false and empirical pretension.

Under these circumstances, it is not astonishing that they do not like to be very open in their mode of assailing the originality of the author. They employ an agent to transact business in which they are not ambitious of being very conspicuous. In vain he retracts under his own signature, "Medicus," on the 29th of December, the charge of plagiarism which he preferred on the 16th. The parties employing him have gained their object. It is sufficient for their purpose. They will know nothing of the retraction of the second piece, but they will not fail to repeat the detraction of the first.

Our author, however, may ask no favors of them. They are generally men of leisure. He has the sanction, the respect, and the support of their superiors. The *majority* of the profession, so far as they have examined the facts, generously give him their approbation and support. The *Annalist* and his semi-Reverend coadjutor are no fair representatives of the medical mind of this great metropolis. The best men of the profession are with our author.



It is by the express liberty of the distinguished president of the Medical University of this city, that we record his conviction, publicly declared before his class, of the originality, the excellence and efficiency of the treatment for the cases in which it is recommended. Dr. Mott regards it as the only successful mode of managing those cases.

But hear what the editor of the *Annalist* says. Restrained by a salutary caution from letting out his whole heart, he betrays great anxiety to put a "mark" on our author, by which restoration is forbidden. "The man that is once marked, is marked forever, and years of unobtrusive usefulness and immaculate bearing can never restore *its* original purity, or compensate for *its* loss." "Its loss!"—what that means passes our comprehension! How would the editor enjoy the application of such implacable severity to himself? Is *he* immaculate? And should he be permitted with impunity, despotically to "mark" for eternal infamy, any one whom he dislikes or disapproves? Shall he be permitted to stain the reputation of another whose life *has been pure*? And certainly a little more scholarship of expression would do him no harm as a learned editor; nor would a little more modesty injure him as a man—himself not immaculate.

Reader, the man who thus endeavors to "mark" one whom he cannot avoid praising, would "*mark*" you, if you should ever be so unfortunate as to do a *very good thing*.

He admits too much after this attempt to stab his author; as the lawyers say, he admits himself out of court. "The work is able and creditable to its author, who deserves much praise for his long and faithful devotion to what may be justly called his 'speciality,' and will probably be instrumental in rendering known and useful a very valuable means of cure or relief in a class of diseases, many of which could not probably be cured in any other way."—*Annalist*.

Now this is great praise, and a degree of praise entirely inconsistent with the censure the learned editor metes out. And farther on, the reader will find the extraordinary information, "We have not seen the work." Yet the author sent the work to this editor but *he* never sent it to any secular or religious editor.

We, therefore, take leave to say, that profligacy could hardly be carried farther than this; and whether for praise or blame, it is certainly manifest that the *Annalist* is not able to put a "mark" on the author of the work on diseases of the air passages. We trust we have then established the fact, that the knowledge of the possibility of making applications to the larynx down to the chordæ vocales is a new acquisition, and we think we shall be able to prove that this credit is justly due our excellent fellow-citizen who has so ably established his claims to public gratitude that even his enemies cannot avoid bestowing upon him their praise.

It so happened that in pursuing the same inquiries, the two gentlemen in Paris, already referred to, MM. Trousseau and Belloc, ascertained through their friends that they both had fallen on the same expedients. Instead of assailing each other as plagiarists, they resorted to the more manly method of uniting their labors, and thus produced a work of great merit, which received the honor of a prize from a learned society of Paris.

The profession of that great metropolis reward their members in a manner at once honorable to themselves, and encouraging to genius and enterprize!

Now if these two gentlemen in Paris happened simultaneously to apply themselves to the investigation of the possibility of making local applications "to the *top* of the larynx," is it at all wonderful that about the same time Dr. Green, in New York, without any knowledge of their researches, should have attained another and much more valuable result in the DISCOVERY of the practicability of making applications to the *interior* of the larynx? Not to its "top," but to its very bottom, down to the chordæ vocales?

The quotation from the able work of MM. Trousseau and Belloc, on which the objectors to the originality of Dr. Green rely to establish the identity of his practice with theirs, when carefully examined, furnishes conclusive evidence of his entire originality. These French authors had no idea whatever of his treatment. They used a similar instrument, viz., a soft sponge securely attached to a bent whalebone. But here there was no originality in either of them. The recourse to such an instrument was obvious and natural. But it will be found that their solutions were of very different strengths. The French authorities used two or three drachms to the ounce, Dr. Green generally employs two scruples; that is a solution of about one-third the strength of theirs. Their mode of application, too, is different from his. These are their own words:—"When the isthmus of the *gullet* is passed, there occurs an effort of deglutition, which elevates the larynx, and we seize the opportunity to draw forward the sponge, which had been at the entrance of the *œsophagus*. By this manœuvre we get at the glottis, and then it is easy to express the solution into the larynx; the cough which now occurs favors the introduction of the caustic. The operation often excites vomiting."

This is the "manœuvre" of Trousseau and Belloc, and is not by any means the practice of Dr. Green (see page 200 of Green's work.) "The sponge being carried over the top of the epiglottis, and on the laryngeal face of this cartilage is suddenly pressed *downward and forwards* * * * * into the laryngeal cavity."

Need we appeal to the authority of Magendie or Richerand to establish the point, that at the moment of deglutition, when the larynx rises, the epiglottis falls back and covers its aperture?

This must be conceded, or the objector must adopt the anatomical notions of Dr. Green's antagonists, that the epiglottis opens in front like a clam shell, or those of a certain physiologist under the immediate patronage of Dr. Green's opponents, viz: That at the instant of deglutition the epiglottis does not fall on the glottis, but on the contrary, stands up stiffer than ever, and blocks up the posterior nares and the back of the mouth. This philosopher does not deign to explain how the food enters the œsophagus at all from the mouth, being thus absolutely blocked up by the said epiglottis.

Well, then, if during deglutition the epiglottis falls on the glottis, and at this moment the operator "seizes the opportunity to draw forward the sponge," he must draw it over the epiglottis, as it is applied to the aperture of the larynx. He must apply it to the lingual, and not the laryngeal side of the epiglottis. The sponge cannot enter then the cavity of the larynx; and it is expressly called by the writers themselves "cauterizing the top of the larynx."

They also state that they depend on the cough which then takes place to "favor" the introduction of the solution. But coughing is a forcible expulsion of air from the trachea and larynx. The only way in which it can be supposed to favor this introduction, is by the glottis opening during that action, and this would be the case, only that simultaneously there is a vigorous emission of air, the tendency of which is to exclude it. On this point, the French gentlemen are by no means perspicuous.

Their operation, or "manœuvre," "often excites vomiting," Dr. Green's does not. It is very natural that theirs should have this effect, for they insert the sponge into the "gullet," and thus do not claim to put it in the larynx. Thus we see that theirs is an entirely different "manœuvre," performed when the patient swallows, or at the moment of deglutition, and from the back part forwards, being placed first in the isthmus faucium, or beginning of the gullet, and drawn forward when the larynx is closed and covered by the epiglottis lying exactly upon it, which is always necessarily the case at the moment of swallowing.

But Dr. Green's operation is performed when the patient is not swallowing, when the epiglottis is erect, and is effected by dropping the sponge just behind the epiglottis directly down into the cavity of the larynx.

This simple analysis of the two methods displays their real character and establishes the originality of the plan adopted by Dr. Green. It reflects no small honor on the profession and character of the American physician, and discloses a means of relief and cure where very often death would otherwise be certain.

A great effort has been made to show by dates that Dr. Green must have read the book of the French authors, some two or three years before it fell into his hands.

The facts are simply these. The translation of this work by Dr. Warder, was first published by Carey & Hart, *in a volume by itself*, in 1841. It appears, however, that Dunglinson's library contained it in 1839. But it had at that time attracted no attention, and to this day the work never would have been read if Dr. Green's had not called attention to it. Any effort to fasten odium on our author in this way is too pitiable for contempt, and whether it is made by impudent and direct charges, or by cowardly and base insinuations, the man who descends to such meanness should be "marked" indelibly as a slanderer, and shunned by all respectable persons.

Something is said of Dr. Johnson's not noticing the French work in the conversation alluded to in the book of Dr. Green. But this only shows that Dr. Johnson's suggestion of cauterizing the larynx, was not that entertained and practised by these gentlemen. If any capital can be made out of that conversation, it seems all to be on the side of our author. If Dr. Johnson knew anything about the book, he must have regarded the application which they recommend as very superficial, or he would have referred to it. If he knew nothing of it, it shows still that the work had attracted no attention in London, as it certainly did not here. The opposers of Dr. Green can enjoy either position they prefer.

In conclusion, Dr. Green has DISCOVERED that the mucous membrane of the *interior* of the larynx is excessively unirritable when compared with the former general opinion on that subject. He has DISCOVERED a mode of saving lives otherwise sure to be lost, and he has written a good book, which will do him honor, and benefit mankind when death has rendered him insensible of the praises or censures of his fellow-men. JUSTUS.

[We observe in the above able vindication of Dr. Green, from the unjust aspersions of his envious detractors, that our learned correspondent has omitted one point of argument which furnishes incontestible proof that the distinguished French practitioners referred to, were not fully aware of the feasibility of making direct medicinal applications to the cavity of the Larynx. In an article from the pen of M. Trousseau, recently published in the work of M. M. Riellet and Barthez, on the diseases of children, and which is also noticed in the 13th volume of Braithwaite's Retrospect, he states that he had performed the operation of Tracheotomy in 112 cases of croup, in many of which, before introducing the canula, he had injected a strong solution of the Nitrate of Silver into the trachea; and he recommends, if there is reason to believe that the Larynx alone is the seat of the diptheritis, a sponge moistened with

the solution of the Nitrate of Silver, be introduced through the *artificial opening*, and passed over the tracheal membrane; thus showing as we think that the French physicians have no idea of the efficient manner in which laryngeal disease may be reached by the method promulgated by Dr. Horace Green.

By a reference to No. 21, of the New York Journal of Medicine, it will be found among the proceedings of the New York Medical and Surgical Society, that Dr. Green "mentioned having recently made application of the Nitrate of Silver to the mucous membrane of the Larynx in a hopeless case of croup, during the stage of collapse, which was followed with decided relief to the patient. Although the case finally terminated fatally, Dr. Green urged upon the members of the society, the propriety of employing this local remedy in cases of croup, where other means shall prove inadequate." Since that time further attempts have been made by other medical men in this city, to employ this remedy, and as we have been informed, in two cases of croup, with perfect success, where every ordinary means had been ineffectually tried.

As stated by the reviewer, the treatment of laryngeal and bronchial diseases, as described and recommended by Dr. Green in his recent work, meets with the full approbation of Dr. Mott, and many other practitioners in this city; and certainly Dr. G. cannot ask for, or obtain higher authority for his practice, than is given in the sanction of the President of the Medical University.

Dr. Revere, the learned Professor of Theory and Practice in the University of this city, in his lectures before his class on Monday and Tuesday last, spoke at considerable length upon the mode of treatment pursued and inculcated by Dr. Horace Green, for the cure of Chronic Laryngitis. He awarded to Dr. Green, most unequivocally, the credit of having, in a thorough and practical manner, illustrated, not only the possibility, but the immense utility of topical applications to the *very* cavity of the larynx. The Professor explained, in his usual eloquent style, the great acquisition which this mode of treatment was to our present list of curative means. We understand he has given the most positive testimonial of his entire confidence in this method, by having it employed by Dr. Green upon his own throat for a follicular disease of the larynx.—*Editor.*]